

**Findings and
Recommendations:
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25. Project Hands does not complete investigative reports within the 10-day requirement.

Project Hands resulted from a provision of the Decree that ordered the District of Columbia to investigate and provide written reports of all allegations against staff for violating regulations applicable to youths. Project Hands is DHS's internal and independent office responsible for investigating and reporting all allegations of child mistreatment that occur in the District's juvenile justice institutions and facilities. Although physically located at OHYC, Project Hands personnel report directly to the Director of DHS.

If youths believe their rights have been violated, they are to notify the Project Hands office by placing a written complaint in one of the clearly identified, locked complaint boxes located throughout the residential units, the mental health unit, and the Oak Hill Academy. In addition, a youth may have someone else, (e.g., the attorney of record, parent/guardian, case manager, the Public Defender Service, other staff member, or an anonymous party) contact the Project Hands office directly to refer their complaint.

According to DHS policies and procedures, a Project Hands investigator is required to contact the youth within 24 hours of receiving the complaint, and deliver an investigative report within 10 days of the incident report to the OHYC Superintendent, the Decree Monitor, plaintiffs' counsel, the DHS Office of the General Counsel, the Office of the Corporation Counsel, and the Commissioner for Social Services.

The team reviewed the Project Hands complaint case log for the period of January 1 through June 30 of 2003, and found that the investigative reports for 21 of the 26 cases listed (81%) were not issued within the 10-day requirement. Many reports were issued weeks or months later, which is in direct violation of the Decree and agency policy.

Project Hands management stated that due to their inability to obtain information from YSA personnel and the time consuming nature of the investigation process, they have been unable to complete the investigative reports within 10 days. The consistent failure to deliver investigative reports within 10 days prolongs the period of time necessary for proper disciplinary action to be taken and is a violation of the Decree. In addition, it may expose the District and YSA to financial penalties for non-compliance.

Recommendation:

That the Director of DHS take necessary actions to ensure that the 10-day investigative report requirement is met.

Agree _____ **X** _____ Disagree _____

DHS's Response to IG's Recommendation, as Received:

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By agreeing with this recommendation, DHS does not necessarily agree with OIG's factual findings. YSA is recruiting an additional investigator for Project Hands and has otherwise met the Jerry M. Consent Decree staffing requirements.

26. YSA's drug screening program has serious deficiencies.

The YSA Case Management Operations Manual requires at page 17 that approximately 50 percent of all youths in custody be randomly drug tested each week. YSA is also required to conduct drug testing of a specific youth if directed by a court order. This testing would occur at intervals dictated by the order.

YCOs are responsible for the collection of urine samples used for drug testing. These samples are then sent to an outside contractor for testing. The results are returned to YSA, and the YCOs are responsible for entering test results into the JIMS. YSA case managers review this information and develop drug treatment and service plans. To ensure the development of effective drug treatment and service plans, an effective drug testing program is essential. The team reviewed the drug screening process and found many deficiencies.

a. YSA lacks written policies, procedures, and training for the collection of urine specimens.

ACA standards require that each department and major administrative unit in the institution maintain a manual of standard operating procedures that specify how policies are to be implemented. In addition, the federal government's Substance Abuse and Mental Health Services Administration (SAMHSA) suggests that all collectors of urine specimens be trained.³⁹

YSA does not have written policies and procedures for the collection of specimens. Additionally, the team found that YCOs collecting specimens have not been provided training in the national standards for the collection of urine samples.

YCOs collecting specimens are relying on verbal instructions handed down by former employees and could not provide the team with a detailed, step-by-step process that is used consistently by all YCOs. Training in the collection of urine specimens is not included in pre-service training provided to YCOs, even though this is a required component of their job responsibilities.

The lack of written policies and procedures and training has resulted in an unstructured, unreliable collection process. The team reviewed records provided by the contract drug testing company and found that some specimens were not tested because YSA did not use proper bottles for urine specimen collection, bottles were empty when received, samples were adulterated with either soap or bleach, or YCOs had failed to record the temperature immediately after the sample was taken.

³⁹ SAMHSA sets the national standards for the collection of urine specimens for the purpose of drug testing.

- b. YSA has not established a chain of custody for the urine specimen collection process and is not properly securing samples prior to delivery to the drug testing contractor.***

Collected urine samples pass through the custody of several people at OHYC before being delivered to the lab for testing. Best practices recommend that all urine specimens be collected using a chain of custody form and that all samples be properly secured prior to testing. The chain of custody is the process of documenting the handling and storage of a specimen, from the time a donor gives the sample to the collector until the drug test is complete and the urine has been discarded, to ensure that samples do not become contaminated.

Currently, YCOs do not document any portion of the urine collection and storage process. The team found that YSA does not have a chain of custody form to accompany the urine sample throughout the specimen collection process.

The team also found that although the urine samples are stored in a locked closet in a locked refrigerator, the keys to these locks are not controlled; therefore, all staff have access to the keys, and consequently access to the urine specimens.

Because YSA lacks adequate chain of custody and storage procedures, it cannot ensure that urine samples have not been tampered with and cannot hold individuals accountable for contaminated or defective urine samples.

- c. Accurate records are not kept of urine samples or drug test results.***

According to YSA policies and procedures, employees must retain a copy of the test forms that accompany the urine samples. These test forms are kept to ensure that YSA is conducting an adequate number of random drug tests.

Additionally, YSA should maintain records of all drug test results to ensure that they are properly entered into JIMS and can be readily provided to the court if court ordered testing is mandated.

The team requested all available records for urine samples and drug testing results. YSA could not provide a comprehensive file containing all drug testing sample records or results. YSA gave the team records that dated from January 2003 until early June 2003. The team also found unfiled records located throughout different offices within the facility.

Due to the lack of an effective drug testing policy, YSA cannot ensure that either random or court-ordered drug testing is being conducted properly and produces accurate results.

Recommendations:

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- a. That the A/YSA establish written policies and procedures for drug testing and a training program for collectors of urine specimens.

Agree _____ **X** _____ Disagree _____

DHS's Response to IG's Recommendation, as Received:

By agreeing with this recommendation, DHS does not necessarily agree with OIG's factual findings.

- b. That the A/YSA establish a chain of custody for the urine collection process.

Agree _____ **X** _____ Disagree _____

DHS's Response to IG's Recommendation, as Received:

By agreeing with this recommendation, DHS does not necessarily agree with OIG's factual findings.

- c. That the A/YSA ensure that accurate records are kept of the drug screening process.

Agree _____ **X** _____ Disagree _____

DHS's Response to IG's Recommendation, as Received:

By agreeing with this recommendation, DHS does not necessarily agree with OIG's factual findings.

27. YSA staff members are constrained by unrealistic diagnostic and reporting deadlines.

Upon arrival at OYHC, each youth undergoes a series of comprehensive diagnostic assessments during which YSA staff members collect information on educational and vocational background, mental health, medical condition, and social history. Diagnostic and treatment personnel at OHYC use this information to evaluate the youth's strengths and needs, and to develop an Individual Service Plan (ISP) that lays out the programs and services to be provided to assist in the youth's rehabilitation. The Decree mandates development of an ISP by the end of the second week after admission. This is followed by monthly meetings to review and report on a youth's progress in achieving the ISP goals and to make any modifications to the ISP.

The team found that the 2 weeks mandated for development of an ISP is insufficient to allow YSA diagnostic personnel to create an accurate initial assessment of a youth's strengths and needs. Treatment team leaders (TTLs) stated that many youths enter OHYC with drugs in their systems and are under the influence of one or more drugs during much of the diagnostic period. Those under the influence of marijuana, cocaine, and PCP require at least 14 days of detoxification. TTLs also stated that until a youth's system is free of drugs, the diagnostic staff

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cannot begin to accurately assess his/her personality, determine treatment needs, and develop an effective ISP.

In addition, as part of the 14-day diagnostic phase, BCCS case managers are required to obtain a family history as well as information about the youth's friends, neighborhood peer group, and home environment. Case managers stated that the 14-day ISP deadline often does not give them enough time to interview family members, neighbors, and other people who can provide insight into the youth's history. As a result, the diagnostic and treatment teams do not have this important information when developing the ISP during the initial treatment team meeting. The Decree requirement that YSA treatment teams review and update each youth's ISP every 30 days is also seen as burdensome.

The team found that the timeframes for development and review of services plans are more generous in Maryland and Virginia. For example, in facilities managed by Maryland's Department of Juvenile Justice, a case manager has 25 days to complete a Treatment Service Plan (the equivalent of OHYC's ISP). Following the implementation of the service plan, a case manager in Maryland must review and update each service plan at minimum intervals of 90 days as noted above and as otherwise necessary to reflect any changes in a youth's status.

The standard timeframe for completing the diagnostic process in Virginia is similar to Maryland's. The team reviewed Virginia's standards for the development of service plans within secure juvenile facilities and found that an individual service plan must be developed within 30 days following admission. Subsequently, each plan should be updated quarterly, or more frequently "if necessary."

YSA case managers stated that the current assessment and review requirements prevent them from spending more time with the youths on their unit, requiring them to be "paper processors" rather than clinicians.

Recommendation:

That the A/YSA discuss with the Office of the Corporation Counsel the feasibility of a meeting with the Court-appointed monitors and the Decree plaintiffs' attorneys to negotiate an extension of the diagnostic timeframe and reporting requirements in order to ease the administrative burden created by the current treatment plan deadlines.

Agree **X** Disagree _____

DHS's Response to IG's Recommendation, as Received:

By agreeing with this recommendation, DHS does not necessarily agree with OIG's factual findings. YSA works directly with the Office of the Corporation Counsel with respect to compliance with the Jerry M. Consent Decree. YSA understands and agrees with the OIG's recommendation but is unable to respond more fully given privilege and confidentiality concerns in the litigation context.

28. Administrative support for OHYC treatment team leaders is insufficient.

The team found that for the past several years, TTLs have not been provided adequate administrative support. TTLs stated that in addition to a TTL, OHYC used to staff each housing unit with a Social Services Representative (SSR). The SSR was responsible for the administrative tasks of the unit such as placing and answering telephone calls, recording data related to treatment team meetings, documenting youths' ISP updates, and maintaining case files. The team found that only 3 of 11 housing units currently have a SSR to assist with administrative tasks.

Without adequate administrative support, TTLs spend a disproportionate amount of time on administrative tasks (such as processing paperwork) rather than providing individual and group therapy or working on therapeutic programming for the youths in their unit.

That the A/YSA expedite the hiring of additional personnel to adequately support the treatment team leaders.

DHS's Response to IG's Recommendation, as Received:

By agreeing with this recommendation, DHS does not necessarily agree with OIG's factual findings. YSA is in the process of hiring additional treatment team leaders and is working closely with the OHYC Assistant Superintendent for Treatment to identify "additional personnel to adequately support the treatment team leaders" at OHYC and YSC consistent with FY 2005 budget constraints.

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Numerous D.C. government agencies provide services at OHYC. For example, employees of the Department of Mental Health (DMH) provide initial screenings and ongoing mental health treatment. The supervisory medical officer coordinates a team of Department of Health (DOH) and YSA employees and contracted staff to provide medical care. District of Columbia Public Schools (DCPS) employees conduct education screenings and provide daily instruction, and YSA Social Services department employees lead weekly individual and group therapy sessions and develop other types of rehabilitative programming. TTLs at OHYC must coordinate the efforts of these various major departments to ensure youths receive the diagnostic and treatment services stipulated in their ISPs.

In order to provide efficient, comprehensive treatment, the various service providers at OHYC must communicate effectively. ACA standards recommend maintaining channels of communication by holding at least monthly meetings “between the facility administrator and all department heads and their key staff members.”⁴⁰

The team found that OHYC does not hold regular meetings attended by representatives from each of the major departments. Employees stated that the former OHYC Superintendent used to convene a monthly meeting of all major department heads, but those meetings were discontinued when he departed in June 2003, and they have not resumed.

Employees stated that due to the lack of monthly meetings, they are often unaware of new initiatives in other departments and cannot inform youths about new procedures or programs. They further stated that this lack of communication creates a costly administrative burden for the TTLs. Because TTLs must coordinate and ensure the delivery of services by various departments, poor communication requires them to expend significant time and effort tracking referrals and information; reduces the amount of time available for therapeutic activity; and leads to a breakdown in the execution of the elements of a youth’s ISP.

Recommendation:

That the A/YSA reinstate the practice of convening a meeting of all OHYC department heads on, at minimum, a monthly basis.

Agree X Disagree _____

DHS’s Response to IG’s Recommendation, as Received:

By agreeing with this recommendation, DHS does not necessarily agree with OIG’s factual findings. Since her arrival in December 2003, the Interim A/YSA has conducted several such meetings.

30. Parent participation in diagnostic and treatment team meetings is extremely low.

A youth’s parents or guardians are expected to participate in a number of key meetings with OHYC diagnostic and treatment personnel. Upon completion of the diagnostic assessments

⁴⁰ ACA Standard 3-JTS-1A-21 (Ref.2-9016).

and by the 15th day after each youth's admission, a diagnostic staff meeting is held. At that meeting, personnel who completed the assessments, along with other members of the OHYC treatment staff, meet to develop an ISP for the youth. The youth is present at this meeting and the youth's parents or guardians are invited to attend. In addition, once the ISP has been developed, members of the youth's treatment team meet every 30 days to discuss the youth's activities and progress toward the goals enumerated in his or her ISP. The youth attends these monthly meetings, parents are invited, and all OHYC personnel who provide services to the youth are expected to attend.

TTLs stated that the majority of parents do not participate in diagnostic and treatment team meetings due to time and location constraints. Despite the fact that social services staff members make a concerted effort to contact youths' families both by mail and by telephone, one TTL stated that of the 20 youths on her unit, only 2 sets of parents participate in monthly treatment team meetings.

Parents and guardians should be key participants in the rehabilitative process and, when they do not attend treatment team meetings, they miss an opportunity to interact not only with their child but also with those OHYC staff members who provide services to their child.

- a. That the A/YSA procure telephone equipment and service in the room where the weekly treatment team meetings are held so that parents will be able to participate in these meetings via teleconference.

DHS's Response to IG's Recommendation, as Received:

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- b. That the A/YSA lead an initiative, staffed by members from all of OHYC's major departments, to identify additional ways to improve parent participation in the treatment team process.

Agree X Disagree _____

DHS's Response to IG's Recommendation, as Received:

By agreeing with this recommendation, DHS does not necessarily agree with OIG's factual findings. While the Interim A/YSA agrees with the need "to identify additional ways to improve parent participation in the treatment team process," this initiative should be led by the respective Assistant Superintendents for Treatment.

31. OHYC home visitation policies are not uniformly applied.

Home visitation is a privilege that is awarded to OHYC youths who have attained certain treatment goals and maintained established behavioral standards. These home visits range from a single day to a full weekend stay. According to YSA policies and procedures, OHYC's TTLs and the youth's Bureau of Court and Community Services (BCCS) case manager share case management responsibilities for each youth at OHYC and are to collaborate on the decision to grant home visits.

YSA policy states that:

In order for a youth to be eligible for visits he/she must not have been involved in a major rule violation for at least thirty (30) days, must **not** be serving a restriction, and must have progressed to the appropriate STRIDE⁴¹ Programmatic Phase (Purple Phase). Exceptions to the criteria may be made in the event of family emergencies or other documented legitimate reasons, as determined and concurred upon by the youth's Treatment Team, aftercare case manager, and court if applicable.⁴²

The team found that home visitation privileges are not uniformly granted. Some youths who had met all the necessary criteria were denied a home visit. Similarly, BCCS case managers have requested day passes for youths who have not reached the requisite stage in the STRIDE program. The team found that the final decision to allow home visitation is ultimately made by BCCS case managers who are often reluctant to grant an eligible home visit out of concern that a youth might escape while on visitation.

⁴¹ STRIDE is a behavioral program at Oak Hill in which a youth can earn additional responsibilities and privileges through good behavior. As the youth moves through the four different phases, he gains more control over his environment. The Purple Phase of STRIDE is the highest level of achievement in the program.

⁴² Policy # YSA 19.3, dated August 7, 2003.

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OHYC treatment team leaders stated that failure to apply home visitation policies uniformly is dissuading many of the affected youth from working toward their treatment goals and striving for good behavior at OHYC.

Recommendation:

That the A/YSA ensure that the home visitation policy is reviewed and is more uniformly applied.

Agree **X** Disagree _____

DHS's Response to IG's Recommendation, as Received:

By agreeing with this recommendation, DHS does not necessarily agree with OIG's factual findings. While the Interim A/YSA agrees with the need to "ensure that the home visitation policy is reviewed and is more uniformly applied," there are other issues that often dictate whether home visitation is permitted or advisable in the circumstances.

32. OHYC does not have a dietician to ensure compliance with nationally recommended daily food allowances.

The ACA recommends that a dietician annually review a facility's dietary allowances to ensure compliance with nationally recommended food allowances.⁴³ ACA further recommends that dieticians use the recommended dietary allowances developed by the National Academy of Sciences as a guide for basic nutritional needs.

According to the OHYC food service manager, OHYC does not have a dietician. He stated that a review of the meals prepared and served at OHYC has not been conducted during his 3-year tenure. He further stated that the Master Menu used to prepare meals at OHYC is a menu that was used by St. Elizabeth Hospital's Food Service Division, and was approved by a dietician in 1999. It has not been updated to reflect changes in recommended dietary allowances.

Several employees stated that without proper nutritional meal planning by a qualified dietician, meals served to youth may not be nutritionally balanced.

Recommendation:

That the A/YSA hire a full-time dietician or a dietary consultant to review menus and ensure compliance with federally recommended daily food allowances.

Agree **X** Disagree _____

⁴³ According to the National Academies Press, nationally recommended food allowances are the levels of intake of essential nutrients that, on the basis of scientific knowledge, are judged by the Food and Nutrition Board to be adequate to meet the known nutrient needs of practically all healthy persons.

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DHS's Response to IG's Recommendation, as Received:

By agreeing with this recommendation, DHS does not necessarily agree with OIG's factual findings.

33. OHYC does not have written policies and procedures for youths who require special diets due to religious dietary standards.

The ACA recommends written policies and procedures that provide special diets for youths whose religious beliefs require adherence to religious dietary standards. The diets should be approved by the OHYC chaplain, provided to the food service manager in writing, reviewed on a monthly basis, and should be complete and specific. ACA further recommends that these special diets be kept as simple as possible and should conform as closely as possible to the foods served to other youths.

According to both the chaplain and food service manager, OHYC lacks a written policy for special diets based upon religious beliefs or dietary standards. The chaplain stated that he is unaware of any youths at OHYC who require special diets based upon their religious beliefs. He also stated that if youths express an interest in having special diets, every effort will be made to accommodate them.

The absence of a written policy might delay the implementation of special diets for youths who request such diets. Furthermore, the lack of written policies and procedures leaves interpretation of various religious dietary laws to the sole discretion of the chaplain and does not ensure uniform application to all youths at OHYC.

Recommendation:

That the A/YSA seek either internal or external expertise in developing written policies and procedures for dietary plans for youths with religious beliefs that require special diets.

Agree X Disagree _____

DHS's Response to IG's Recommendation, as Received:

By agreeing with this recommendation, DHS does not necessarily agree with OIG's factual findings.

34. The number of special diets approved by medical unit personnel creates a burden for culinary workers.

The ACA recommends written policies and procedures for special diets prescribed by medical and dental personnel. Specific diets should be prepared and served to youths according to the orders of the treating physician or dentist. Medical and dental diets should be specific,

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complete, provided to the food service manager in writing, and revised monthly. Special diets should be simple and should conform as closely as possible to foods served to other youth.

At one point in the inspection, the team found that 60 of 163 OHYC youths were on special diets for medical reasons. OHYC does not have written policies and procedures that govern special diets for youths nor do they have a dietitian to review requests. Requests are provided to the food service manager in writing from medical unit personnel on a Medical Alert Form. Special diets may exclude or reduce among other things, beef, pork, turkey, seafood, vegetables, dairy, sodium, fat, and carbohydrates.

The team's review of the diet request forms disclosed that a significant percentage had incomplete information. The forms were missing dates of admission, dates of alerts, specific instructions regarding diets, and dates and signatures of an approving medical authority. The team noted that there were no monthly revisions to the special diets by medical unit employees.

Additionally, the food service manager stated that a significant number of youths complain about the food served at OHYC and said they are tired of eating the same foods. Youths attend sick call and contend that they have allergies that prohibit their consumption of certain food items and are subsequently placed on medical alert status without being tested for those allergens. According to medical unit personnel, they interview youths and rely on their comments to determine the extent of their allergies and reactions to certain foods; however, they do not provide allergen testing prior to placing a youth on a special diet.

The food service manager indicated that because OHYC does not have a dietitian to approve special diets, they cannot be assured that they are preparing correct special meals based upon these medical alerts. Additionally, due to the number of youths believed to be falsifying their need for special diets, coupled with the lack of adequate testing, these requests place burdens on the food service staff by increasing the number of special meals they must prepare each day.

Recommendations:

- a. That the A/YSA coordinate with medical unit personnel and develop and implement written policies and procedures for youths with special diets.

Agree X Disagree

DHS's Response to IG's Recommendation, as Received:

By agreeing with this recommendation, DHS does not necessarily agree with OIG's factual findings.

- b. That the A/YSA direct the food service manager and medical unit personnel to review all special diets and ensure that information is current, and that diets are reviewed monthly.

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Agree X Disagree _____

DHS's Response to IG's Recommendation, as Received:

By agreeing with this recommendation, DHS does not necessarily agree with OIG's factual findings.

- c. That the A/YSA direct medical unit personnel to verify youths' medical histories and provide testing of youths for allergens prior to placing youths on special diets.

Agree X Disagree _____

DHS's Response to IG's Recommendation, as Received:

By agreeing with this recommendation, DHS does not necessarily agree with OIG's factual findings. While the Interim A/YSA agrees with the need "to verify youths' medical histories," the decision to test youth or place them on special diets should remain with medical unit personnel.

35. Large muscle exercises for youths are limited and do not comply with the Decree.

The Decree mandates that each youth participate in a range of individual and group activities to be conducted both indoors and outdoors for a minimum of 2 hours every weekday, of which 1 hour should be conducted outdoors (weather permitting). One of the hours must consist of large muscle exercise.⁴⁴ The Decree requires that accommodations be provided in the event of inclement weather, and that staff trained in therapeutic recreation supervise the youth during these activities.

The team found that youth are not participating in a full-range of large muscle exercises. Currently, the Recreation Specialist conducts exercises in the youths' housing units between the hours of 3:30 pm – 5:00 pm; however, the activities are severely limited due to insufficient space. Activities consist of ping-pong, cards, checkers, and light calisthenics. Recreation Specialists complete documentation that reflects activities participated in by youth; however, these documents do not reflect court-mandated levels of participation.

According to the Supervisory Recreation Specialist, the A/YSA discontinued allowing youth movement outside of the housing units after 5:00 p.m. effective October 6, 2003, because outside lighting is insufficient throughout the facility. There is decreased visibility, which could increase the potential risk of youth escaping.

In an effort to comply with the Decree and ensure that youth receive some large muscle activities, the Supervisory Recreation Specialist has incorporated large muscle activities into the DCPS Physical Education activities conducted in the gymnasium during school hours. However,

⁴⁴ Large muscle exercise is defined as team sports, jogging, and regular gymnasium activities.

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all youths do not have physical education on a daily basis and, therefore, are not participating in large muscle exercises.

Recommendations:

- a. That the A/YSA direct the Supervisory Recreation Specialist to closely monitor documentation submitted by the Recreation Specialists to ensure compliance with the Decree.

Agree _____ **X** _____ Disagree _____

DHS's Response to IG's Recommendation, as Received:

By agreeing with this recommendation, DHS does not necessarily agree with OIG's factual findings.

- b. That the A/YSA improve the outside lighting throughout the facility to ensure that all youths are able to participate in a range of individual and group activities as mandated.

Agree _____ **X** _____ Disagree _____

DHS's Response to IG's Recommendation, as Received:

By agreeing with this recommendation, DHS does not necessarily agree with OIG's factual findings. While the Interim A/YSA agrees with the need to "improve lighting throughout the facility," such improvements must recognize the age of the facility and budget realities.